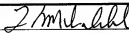


HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><i>Application/Patent Number</i></td> <td>7,323,137 B2</td> </tr> <tr> <td><i>Filing/Issue Date</i></td> <td>January 29, 2008</td> </tr> <tr> <td><i>First Named Inventor/Patentee</i></td> <td>Tzvi Avnery</td> </tr> <tr> <td><i>Confirmation Number</i></td> <td>8508</td> </tr> <tr> <td><i>Group Art Unit</i></td> <td>1753</td> </tr> <tr> <td><i>Examiner Name</i></td> <td>Mayekar, Kishor</td> </tr> <tr> <td><i>Attorney Docket Number</i></td> <td>2251.2001-009</td> </tr> </table>	<i>Application/Patent Number</i>	7,323,137 B2	<i>Filing/Issue Date</i>	January 29, 2008	<i>First Named Inventor/Patentee</i>	Tzvi Avnery	<i>Confirmation Number</i>	8508	<i>Group Art Unit</i>	1753	<i>Examiner Name</i>	Mayekar, Kishor	<i>Attorney Docket Number</i>	2251.2001-009
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<i>Title</i>	Air Sterilizing System														
I hereby revoke all previous powers of attorney given in the above-identified application.															
<input type="checkbox"/> I hereby appoint the following practitioner(s): [Not to exceed 10] <hr/>															
OR															
<input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 28120															
Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> Customer Number 28120 Ropes & Gray, LLP Prudential Tower 800 Boylston Street Boston, Massachusetts 02199-3600 <input type="checkbox"/> Other <hr/>															
Please direct all telephone calls and facsimiles to: Name <u>Edward Kelly</u> Tel. No. <u>(617) 951-7000</u> Fax No. <u>(617) 951-7050</u>															
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Authorized representative of the Assignee, Advanced Electron Beams, Inc., of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed. <input type="checkbox"/> Authorized representative of the Assignee, [FILL IN WITH NAME OF ASSIGNEE], together with [FILL IN WITH NAME OF ASSIGNEE], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.															
SIGNATURE of Applicant or Assignee of Record															
Signature															
Name & Title	Gary L. Michalchuk CFO + Treasurer														
Date	Dec. 28, 2011														